

**STATE OF CALIFORNIA - MILITARY DEPARTMENT
INSTRUCTIONS FOR THE COMPLETION OF THE
EMERGENCY PROCUREMENT ORDER**

NOTICE TO VENDOR: Review all instructions **PRIOR** to providing services.

NOTICE TO NATIONAL GUARD MEMBER IN CHARGE (OIC/NCOIC): Review **ALL** instructions.

GENERAL:

- (1) The purpose of this form is to ensure that National Guard personnel receive food and lodging services expeditiously during a State of California emergency. Additionally, vendors providing service to National Guard personnel are reimbursed for these services in the same expeditious manner.
- (2) The following are the authorized **MAXIMUM** dollar limits for services associated with the OTAG form 37-3. **DO NOT EXCEED THESE RATES, AS YOU PERSONALLY MAY BE LIABLE FOR ANY AMOUNT OVER THESE MAXIMUMS.**

Breakfast: \$5.50* Lunch: \$8.50* Dinner: \$12.00*

Lodging: \$79.00* (double occupancy is required)

*** ALL AMOUNTS ARE INCLUDING TAX** (State and Local taxes are paid by the Military Department)

- (3) Alcoholic beverages, automatic surcharges, room service for meals, laundry services, telephone charges, movies and tips will not be obtained by using this form. The National Guard member is liable for these services or fees.
- (4) Each National Guard member obtaining services will complete a separate line in block B. For double occupancy rooms both names will be listed with the room charges divided in half.
- (5) A separate form and document control number will be obtained for each meal or period of lodging. A period of lodging may not exceed ten (10) consecutive days.
- (6) In the event difficulties arise using this form call the Military Department, Crisis Action Center (CAC), Logistics Section at (916) 854-3549 or (916) 854-3440.

NATIONAL GUARD PERSONNEL:

- (7) The senior National Guard member present will act as the Officer in Charge (OIC) (Block E). The OIC will ensure that the form is completed correctly, that only authorized services are obtained, that only authorized personnel receive services, and that the roster of personnel section of the form is completed accurately.
- (8) Obtain a Document Control Number (Block A) from the Disaster Support Area Purchasing and Contracting Team (DSA P&C Team) or the Military Department, CAC Logistics Section prior to obtaining services. In block "F" place the name & phone number of the person issuing document control number.
- (9) Double occupancy is required for lodging, unless there is an odd number of male or female personnel.
- (10) If more than 15 personnel are to receive services, additional forms may be used (e.g. page 2 of 3).
- (11) The National Guard Officer In Charge (OIC) is responsible to minimize costs. Do not include unauthorized expenses on this form. **OIC MAY BE PERSONALLY LIABLE FOR UNAUTHORIZED COMMITMENTS.**
- (12) Attach itemized receipts (mandatory for lodging, optional for meals) to copy three and forward the form to the issuing office (DSA P&C Team or CAC, Logistics Section). Copy one and two are for the vendor and copy four is for the OIC After Action Report. The DSA P&C Team will inform you of their location, otherwise mail the form to: Military Department, ATTN: Logistics Section (Box 11), P.O. Box 269101, Sacramento, CA 95826-9101.
- (13) If a vendor does not desire to accept this form, proceed to another establishment which will accept this form.
- (14) In the event difficulties arise using this form call the CAC, Logistics Section at (916) 854-3549 or (916) 854-3440.

VENDORS:


- (15) To validate the use of the form call the individual listed in Block F on the form or the Military Department, Crisis Action Center, Logistics Section at (916) 854-3549 or (916) 854-3440. Additionally, if Block C or D is greater than the authorized dollar limit in paragraph 2 above, the Logistics Section must approve/disapprove the variance in advance.
- (16) Payment will not be made if all the Blocks are not completed, with the exception of: Vendor Invoice Number which is optional, Blocks C or D, whichever is inappropriate.
- (17) Charges in excess of the authorized dollar amount and unauthorized expenses must be collected by the vendor from the National Guard member at the time the service is rendered. Do not include unauthorized expenses on this form.
- (18) To ensure prompt payment, mail the original OTAG Form 37-3 with your invoice (optional) to the address in Block I on the OTAG Form 37-3. Additionally, if you do not currently have a State of California Form STD 204 on file with the California Military Department, please complete the attached STD 204 and forward it along with the OTAG 37-3 as described above.
- (19) Thank you for supporting the California National Guard and the State of California during this emergency period.

PAYEE DATA RECORD**(Required in lieu of IRS W-9 when doing business with the State of California)**

STD. 204 (REV. 2-99)

NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

1 PLEASE RETURN TO:	DEPARTMENT/OFFICE		PURPOSE: Information contained in this form will be used by state agencies to prepare information Returns (Form 1099) and for withholding on payments to nonresident payees. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on reverse)
	STREET ADDRESS		
	CITY, STATE, ZIP CODE		
	TELEPHONE NUMBER		
2	PAYEE'S BUSINESS NAME		
	SOLE PROPRIETOR--ENTER OWNER'S FULL NAME HERE <i>(Last, First, M.I.)</i>		
	MAILING ADDRESS <i>(Number and Street or P. O. Box Number)</i>		
	<i>(City, State and Zip Code)</i>		
3 PAYEE ENTITY TYPE	CHECK ONE BOX ONLY <input type="checkbox"/> MEDICAL CORPORATION <i>(Including dentistry, podiatry, psychotherapy, optometry, chiropractic, etc.)</i> <input type="checkbox"/> EXEMPT CORPORATION (Nonprofit) <input type="checkbox"/> ALL OTHER CORPORATIONS <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR		NOTE: State and local governmental entities, including school districts are not required to submit this form.
4 PAYEE'S TAXPAYER I.D. NUMBER	SOCIAL SECURITY NUMBER REQUIRED FOR INDIVIDUAL/SOLE PROPRIETOR BY AUTHORITY OF THE REVENUE AND TAXATION CODE SECTION 18646 <i>(See reverse)</i> FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN) [][]-[][]-[][][][][][][][][][][][] IF PAYEE ENTITY TYPE IS A CORPORATION, PARTNERSHIP, ESTATE OR TRUST, ENTER FEIN. SOCIAL SECURITY NUMBER [][]-[][]-[][][][][][][][][][][] IF PAYEE ENTITY TYPE IS INDIVIDUAL/SOLE PROPRIETOR, ENTER SSAN.		NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
5 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES) <input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA <input type="checkbox"/> Nonresident <i>(See Reverse)</i> Payments to nonresidents for services may be subject to state withholding <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA		NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. <i>(See reverse)</i>
6 CERTIFYING SIGNATURE	<i>I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</i>		
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME <i>(Type or Print)</i>		TITLE
	SIGNATURE 	DATE	TELEPHONE NUMBER

PAYEE DATA RECORD

STD. 204 (REV. 2-99 (REVERSE))

ARE YOU A RESIDENT OR A NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the State of California must indicate their residency status along with their taxpayer identification number.

A **corporation** will be considered a “resident” if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For **individuals/sole proprietors**, the term “resident” includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. An estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California trust if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

From within the United States, call.....1-800-852-5711

From outside the United States, call.....1-916-845-6500

For hearing impaired with TDD, call....1-800-822-6268

ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident payees, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident payees performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are \$1500 or less for the calendar year.

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board
Nonresident Withholding Section
Attention: State Agency Withholding Coordinator
P.O. Box 651 Sacramento, CA 95812-0651
Telephone: (916) 845-4900
FAX: (916) 845-4831

If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.

PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109(a). The TIN for individual and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31% withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section 1.